



# CONTRACT OPERATOR FORM

OPERATORS NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ WORK \_\_\_\_\_ HOME \_\_\_\_\_

PLEASE INDICATE BELOW WHICH FACILITY THE CONTRACT OPERATOR WILL BE WORKING:

NAME OF WATER SUPPLY SYSTEM: \_\_\_\_\_

NAME OF WASTEWATER TREATMENT FACILITY: \_\_\_\_\_

\_\_\_\_\_  
DESIGNATED OFFICIAL REPRESENTING FACILITY\*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OPERATOR SIGNATURE

\_\_\_\_\_  
DATE

**\*Rural Water District - Chairman or Board Member**

**\*City - Mayor or City Council**

**\*Commercial Facilities - Owner**

Please return completed form to:

Teresa Schuyler  
Kansas Department of Health & Environment  
Bureau of Water-Technical Services Section  
1000 SW Jackson St., Suite 420  
Topeka, KS 66612-1367  
785.296.5511